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ABSTRACT

Described in the manual are methods, equipment, and materials that were used to develop a model community recreation program for handicapped children in Milwaukee, Wisconsin. Discussed are program principles, recommendations, and evaluation techniques; administrative considerations such as budgeting, transportation, and publicity; staff recruitment, training, and supervision; and the importance of teamwork between parents and staff members. Suggestions are offered for avocational counseling and adaptive physical, aquatic, cultural, mental, social, and camping activities. Appendixes include resource information; sample enrollment forms; and checklists for evaluating competency in such areas as manual dexterity, social interaction, and self-image. (LH)

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COMMUNITY RECREATION PROGRAMMING FOR HANDICAPPED CHILDREN

Dr. George T. Wilson

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IN MEMORY OF
TOMMY WILSON
May 23, 1958 - January 7, 1974

HEAVEN'S VERY SPECIAL CHILD

A meeting was held quite far from Earth.
"It's time again for another birth".
Said the Angels to the Lord above:
"This special child will need much love".

His progress may seem very slow,
Accomplishment he may not show;
And he'll require extra care
From the folks he meets down there.

He may not run or laugh or play,
His thoughts may seem quite far away,
In many ways he won't adapt,
And he'll be known as handicapped.

So let's be careful where he's sent;
We want his life to be content.
Please, Lord, find the parents who
Will do a special job for You.

They will not realize right away
The leading roll they're asked to play.
But with this child sent from above
Comes stronger faith and richer love.

And soon they'll know the privilege given
In caring for the gift from Heaven.
Their precious charge, so meek and mild,
Was Heaven's Very Special Child.

Anonymous

BULLETIN NO. 96

COMMUNITY RECREATION PROGRAMMING FOR HANDICAPPED CHILDREN

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Milwaukee Public Schools
Division of Municipal Recreation and Adult Education
Milwaukee, Wisconsin

Published by the
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The National Recreation and Park Association is a citizen and professional research, educational, and service organization dedicated to expanding recreation and park resources, programs, and professional services to enhance the leisure of all Americans. It is the nation's largest nonprofit organization in the park and recreation field, and its more than 17,000 members belong to seven branches: American Park and Recreation Society, Armed Forces Recreation Society, Commissioners-Board Members, National Conference on State Parks, National Student Recreation and Park Society, National Therapeutic Recreation Society, and Society of Park and Recreation Educators.

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ACKNOWLEDGMENTS

Dr. George T. Wilson is Assistant Superintendent of the Milwaukee (Wisconsin) Public Schools and is in charge of the Division of Municipal Recreation and Adult Education. His broad experience, with 32 years in the community recreation field, includes many talks and articles. This is his fourth Management Aid Bulletin.

"Community Recreation Programming for Handicapped Children" is a practical manual. The techniques, methods, and materials have been used in Milwaukee's successful model program. Those who have worked closely with Dr. Wilson to develop the model program include: Earl Campbell, Charles Ebert, Jan Hammontree, Margaret Martin, Craig Lutzke, and Gloria Hoeft.

Especially helpful were David C. Park, Executive Secretary, National Therapeutic Recreation Society, a branch of the National Recreation and Park Association, who edited the manuscript; Suzanne Underwood who assisted in this process; and Mrs. Irene Wilson who typed the manuscript.

PREFACE

One of the growing trends in the park and recreation field is the development of community-based programs for handicapped individuals. In recent years recreation and park professionals have realized that large numbers of individuals have been excluded from public programs because of certain handicapping conditions and significant efforts are now being made to develop programs at the community level.

Dr. George Wilson was responsible for the development of one of the first community-based programs in the City of Milwaukee. In this publication Dr. Wilson shares his experiences and success in attempting to meet the needs of special populations. The National Recreation and Park Association expresses its appreciation to Dr. Wilson and hopes that this Management Aid will provide the stimulation and impetus for other communities to develop similar programs.

Dwight F. Rettie
Executive Director
National Recreation and Park Association

INTRODUCTION

Community recreation programming recognizes that all individuals learn through sensory input: that which can be absorbed through sight, smell, taste, touch, and hearing. Handicapped persons, however, may need even stronger input or stimuli. In instances where one or more sensors are impaired, it becomes necessary to supplement, compensate, and adapt through the greatest possible utilization of the remaining potential of the sensors.

The human sensors appear to be analogous with the input components of a computer. In the human computer, input is distributed through the central nervous system primarily to the brain, which also stores data. Stimuli engender response or action. In a child, this action is frequently referred to as play and is extremely important in terms of developmental task activity. The importance of play and recreation in the development and socialization of the individual should not be minimized. Play and recreation are processes by which individuals develop. Handicapped children frequently do not have the same opportunities to develop play patterns as "normal" children do.

Output may be explained in terms of five human competencies. These are: 1) mobility (the ability to locomote or to move generally by virtue of one's lower extremities); 2) manual (the ability to utilize arms, hands, and fingers); 3) language (the abilities of verbalization, writing, reading, the numbers concept, and listening, often referred to by educators as communication skills); 4) social (which involves the sum total of a person's relationships with others); and 5) self-image (or how, in terms of all other competencies, the individual views his or her role as a dignified, functioning individual). The outcomes or goals, expressed in terms of performance improvement, become the vehicle or framework for a "feedback process" and establish a chain reaction that continues from birth to death. The precise measurement of developmental competencies becomes an objective of the evaluatory process; the reference point being performance as evidenced by "normal" kids in the same age range.

How does this rationale apply specifically in terms of adaptive recreation activity for the handicapped child? The underlying assumption is that handicapped children have the same needs as so-called "normal" children. Handicapping conditions may range from the severely brain-damaged child who is capable of little more than random movement with little or no mobility, to mild, barely identifiable handicapping conditions. Functional handicapping may also come about through deprivation with a resultant lack of feedback. Startling insights into this interesting phenomena have come to use repeatedly through such programs as Head Start, Montessori, and the Institutes for the Achievement of Human Potential, and also through findings of adaptive recreation activity programs.

The key word in recreation for the handicapped may be said to be "adaptation." Staff, facilities, program, activity, equipment, and budget must be continually adapted in order to provide sensitive responses to the special needs of these individuals.

WHO ARE THE HANDICAPPED?

Each of us is to some degree handicapped, but the individual with whom we are concerned here is most frequently identified as mentally, physically, or multiply handicapped, emotionally disturbed, or as having specific learning disabilities. The degree of the handicapping condition may be profound, severe, moderate, mild, or borderline. The various types of handicapping conditions are far too numerous to list in this publication. In the average community the most common handicapped groups will be the mentally retarded, the physically disabled, the emotionally disturbed, those with learning disabilities, and the multiply handicapped. The majority of these groups have local, state, and national agencies that should be contacted when a recreation program is being developed. Some of these are: the National Association for Retarded Children, United Cerebral Palsy, the Easter Seal Society, the Epileptic Foundation, the Council for Exceptional Children, and the American Foundation for the Blind. These agencies can assist in the identification of handicapped individuals in the community and can help the department staff to understand the specific needs of the individual to be served.

Understanding the Handicapped

Along with physical and multiple problems, there are serious psychological problems that face the handicapped individual and his family. Parents, more than anyone else, can provide the empathic understanding essential for helping the handicapped. The handicapped child, like all children, is sensitive, has the same desires and ambitions of the normal child, and, above all, craves and needs the same love and affection. On the other hand, parents, because of their desire to do all they can for the child, sometimes find it difficult to be firm or to deny a request. Again, in efforts to be helpful, parents often do things for the child that he should be expected to do for himself. The child's efforts may be slow, awkward, labored, and even painful, but lasting improvement will come only as a result of the child's making every effort to work within his capabilities.

The older handicapped person realizes that he is "different." This sense of alienation is usually the cause of much concern and is related to a feeling of nonacceptability in the family and community. He may think of himself as a marginal person--physically, economically, and socially. He may feel very strongly that many opportunities found in daily living are denied him because of his conditions. Although the process may be long and discouraging, the job of those who work with the handicapped is to equip them with the ability to live with a minimum of care from others and to provide a climate of success in developmental tasks. It is good policy for the recreator to assume that the handicapped are able to do many things for themselves. Such a positive thrust, under conditions where maximum safety and supervision are ensured, challenges the handicapped toward greater self-sufficiency and self-esteem.

Most recreators working with the handicapped seem to agree that whatever the handicapping condition, the individual can best be served in a so-called normal program even though he or she has to struggle to keep up.

There are, however, particularly in larger communities, a great number of handicapped children who cannot "make it" in a normal recreation program. These individuals, many of whom are not readily identifiable and are frequently homebound, are also found in smaller communities. The alert recreator will concern himself with meeting the needs of the handicapped through many kinds of service. A function may be as simple as giving advice on suitable games and activities to the parents of the homebound.

Adapted indoor and outdoor recreation programs conducted in special facilities for handicapped individuals are generally referred to as "sheltered" programs. They provide much-needed recreation activity in a sheltered situation until such time as the handicapped patron is ready to assume a normal role in the recreation activities of the community in which he lives.

All too often recreators have failed to provide sheltered programs because of a mistaken idea that recreation for the handicapped is too complicated, too specialized, too risky, or too expensive. Individuals trained in the specialty area of therapeutic recreation can and should be utilized, whenever possible, as full-time staff members or as consultants. However, the recreator who may not have been specially trained for working with the handicapped does possess sufficient tools to work effectively with them. Again, the key to a good program is adaptation.

Adaptation is a true test of a recreator's skill, particularly when he must adapt his own skills, attitudes, appreciations, and understandings, as well as facilities and activities. Evaluation, too, must be adapted in relation to an individual's potential rather than to a fixed point of accomplishment for a group.

It is best to remember that the handicapped individual is a person before he is an amputee, a paraplegic, or an epileptic. Above all, he or she wants to be accepted and respected by others and to be treated with understanding rather than with pity. If these factors can be kept in mind, the teaching and learning processes should be enjoyable and meaningful for both instructor and patron.

Because social approval is one of the strongest needs of the handicapped individual, one essential phase of the total rehabilitation of the individual is helping him to make necessary adjustments for social approval in any group. Those who have made an adequate adjustment will probably experience much greater success in group programs than those who have not. It should also be remembered that the disability is not always what others perceive it to be but what the individual thinks it is. A maladjusted individual sometimes resists participation in a program because he fears that his disability has affected his personality as well as his physical makeup. The recreation staff must continuously provide handicapped individuals with the opportunity to experience success.

A PROGRAM OF RECREATION FOR HANDICAPPED CHILDREN

Adaptive programs for the handicapped must cover the same broad

spectrum of activities that are essential and pleasing to the normal person. The program objective should be to meet the individual and group needs of all handicapped children and adults in the program. These needs should be met preferably through year-round indoor and outdoor activity including: 1) physical activities and swim programs; 2) arts and crafts; 3) music, dance, and drama; 4) clubs; 5) social activity; 6) quiet or mental games; 7) refreshments and snacks; and 8) special events, such as field trips. The recreator concerned with the administration of adapted programs for the handicapped will find that he ponders the same questions with which he is concerned in any community recreation program—namely, how to solve the problems of staff, budget, facility, equipment and supplies, activity, transportation, and evaluation. Although the similarities are striking, there are also important differences in each area of administration of adaptive programs that need to be clearly understood.

One of the nation's most extensive year-round community recreation programs for the handicapped is conducted by the Division of Municipal Recreation and Adult Education, Milwaukee (Wisconsin) Public Schools. The program grew from a humble beginning as a pilot project—conducted in cooperation with the Easter Seal Society for 25 physically handicapped children requiring sheltered activity—to a program now serving in excess of 1,000 children, teenagers, and adults. The patrons are physically or multiply handicapped, mentally retarded, or emotionally disturbed.

No single program, regardless of its success, can, in every instance, be successfully transplanted to another community. However, successful models have within them elements that can be applied to meet the many and varied settings in which community recreation for the handicapped can be successfully applied. Smaller communities can frequently provide seasonal activities and special services or can cooperate with private agencies to assure a program that will include the handicapped in a total community recreation service.

Planning

1. Determine what has been done in the past and what is being done by the total community, or is being planned in recreation for the handicapped. What is the community's population of handicapped to be served?
2. Analyze the data collected and keep asking: Who? Why? What? When? Where? and, How much?
3. Determine what can be done most effectively within the framework of the community recreation structure.
4. Establish goals.
5. Determine priorities.
6. Plan activities and involve patrons and parents in the planning.
7. Develop budgets and gain approval.
8. Recruit, train, and assign staff and develop a continuing, in-service educational program.
9. Review again how you can adapt facilities, equipment, and supplies.
10. Implement the program, giving close attention to detail.
11. Continue to evaluate the program: Assess its effectiveness, make annual changes, and begin again with number 4.

Budgets

Knowing the size of the community, the scope of the program, the demands for service, the quantity and quality of program objectives, the number of handicapped individuals to be served, and the staff already interested and capable of working will help in determining funding requests.

The budgetary (funding) request should indicate:

1. The name of the sponsoring agency or department having responsibility for the program;
2. The period of time the budget encompasses;
3. A brief statement of the general aims;
4. A statement of specific program objectives;
5. A statement about staffing and in-service education;
6. A statement regarding the seasonal (or year-round) aspects;
7. What provision will be made for staff training and for volunteer service and training;
8. What specific facilities, supplies, and equipment will be used;
9. What responsibilities other members of the "team" will have;
10. The dates, days, and hours when the activities will be conducted;
11. How the children are to be transported;
12. What handicaps will be accepted;
13. What age groups and sexes will be accepted;
14. How many handicapped will be served on the basis of the funding request;
15. Possibilities of supplementary funds from parents of participants, grants, gifts, and other sources;
16. How the program will be evaluated and who is to evaluate it; and
17. The grand total of the dollar request.

The summary of the items listed ought not to take more than two typed pages, single-spaced.

A third page should indicate the program category, breakdown, amount, and total. An example follows.

Category	Breakdown	Amount	Total
Activity	Administration.		
	Supervision.		
	Leadership.		
	In-service education.		
	Clerical service (this item should include the numbers of persons, expected hours of service, and the proposed hourly rate.).		
	Also include the number of volunteers and estimated value of their service.		
Transportation	Number of bus trips at cost per trip.		
Plant operation	Costs of engineer/fireman or jani-		

	torial/custodian service on a per hour basis.	
	Costs of heat, light, and other plant operation costs, building supplies.	
Fixed charges	Cost of insurance, employees' fringe benefits, unemployment compensation, etc.	
Subtotal		

A fourth page should indicate:

Category	Breakdown	Amount	Total
Equipment	Proposed items of nonexpendable equipment needed.		
Supplies	Proposed needs for expendables in physical, cultural, social, and special activities item by item.		
	Proposed costs of food- or drink-associated items.		
	Costs of testing and evaluation forms, mimeographing, etc.		
Subtotal			

Budgeting procedures must be carefully scrutinized so that accurate cost figures can be developed in reporting program costs. The nature of a program that provides more intensive service and may require a staff or volunteer ratio of as low as one to one is admittedly a more expensive operation than some other community recreation programs. On the other hand, the activities often sell themselves if the public is made aware of the benefits accruing to the handicapped patrons. Once a program is initiated and properly interpreted, it can become a firmly entrenched service program, making future budget resources easier to command.

Recruitment, Training, and Supervision of Staff

Staff should be recruited from among persons who can relate empathically to the handicapped. Although skills can be taught and acquired through in-service education, certain personal attitudes are essential. Appreciation and understanding, based upon empathic and positive attitudes, enable staff to accept the handicapped as an individual and dignified person. Many professional, paraprofessional, and lay recreators not only have the skills, but also the attitudes, appreciation, and understanding essential to adaptive recreation. Excellent sources for recruitment of staff are educators and students from special (exceptional) education, physical education, recreation, occupational or physical therapy, therapeutic recreation, social work, and general education. Of course, persons from many other fields frequently have much to offer.

Usually, staff members should be at least as mature as the average college student. Interested parents or exceptionally motivated high school students can also function effectively as aides. The staff-patron ratio should vary in accordance with the severity of the disability of the patrons.

Training recreation workers for the handicapped should include a general orientation to adaptive recreation for the specific handicap to be dealt with, plus demonstration, observation, and practice in working with various types of disabilities. Ongoing in-service education is essential. Not all persons interested in working with the handicapped are able to do so. The desire to serve may be evident, but the warm, communicative empathy so essential may be lacking. Potential staff members may also expect too much individual achievement based on standard norms. Developmental task success may not be readily recognizable to the staff member who feels that not much is being accomplished. Again, the staff should include a trained therapeutic recreation worker, at least in a consultative capacity. It is also desirable to have staff skilled in various areas.

The Team Approach

One of the distinctions between programming for the handicapped and recreation programming under normal conditions is the absolute necessity of using involvement and a teamwork approach. The key member of the team is usually the parent who, in most instances, wishes to be involved in some way, if only through effective communications channels. Other means of involvement are progress reports to parents, parent evaluation, parent assistance in furnishing or in helping with refreshments or favors, and parent assistance in activities. The skilled recreator, however, will know when it is best for the patron not to be too closely tied to the parent. Some parents are reluctant to relinquish constant supervision of their child.

Another extremely important member of the team is the physician who cares for the youngster. Unless there is a special reason for a staff member to obtain information directly from the doctor, it is prudent to ask the parent to secure such information. Permission from the doctor for the child to participate in the program should also be obtained by the parent. The parent carries the responsibility for supplemental information, particularly as it relates to medication. As proper interpretation is important to the parent, so is proper interpretation of the aims of the program to the doctors. As physicians become aware of the program, its aims and objectives, and how it can assist their patients, they frequently suggest to parents that their child be enrolled in such programs. The doctor, then, becomes an important referral source.

Other important team members include therapists, educators, psychologists, social workers, and other professionals involved with the development and progress of the child. Proper interpretation of the recreation function to the other members of the team is important. A simple statement telling about the program and its operation can be beamed to all members of the team and can be focused on reaching those who have any kind of working relationships with the handicapped.

Staff Evaluation

Staff should be evaluated at least at the close of each season's program by the person supervising the work. A simple staff rating form, to be completed by the worker's supervisor, follows:

A Staff Service Evaluation Sheet

Name of Department _____
Report on: Name _____
Date of Service _____
Location of Service _____

1. Has staff member shown evidence of adjustment to the patrons?
2. Has cooperative planning and the execution of the staff member's plans been generally satisfactory?
3. Has the staff member evidenced a genuine interest in the patrons' program? Has there been complete cooperation?
4. Has the staff member been accepted by the patron or the group (as case may be)? Has leadership growth been noted?
5. Has the staff member's attendance been satisfactory?
6. Has the staff member's attitude been positive?
7. Have the patrons shown positive response to the staff member?

Any further comments about appreciations, understandings, skills:

Suggested rating at this time (check):
_____A (superior)
_____B (above average, very good)
_____C (average)
_____D (below average)

_____
Signature of staff member's supervisor

List of activities to which staff member was assigned:

_____
_____
_____

_____
Position

_____
Department

Transportation

The best planned and most skillfully executed program will frequently fail unless the potential patrons can reach the indoor or outdoor location where the activity is conducted. The need for transportation is critical in recreation programs for the handicapped, since mildly or borderline handicapped are frequently the only ones able to travel to the programs on their own. In most of the other classifications the handicapped must rely on

transportation provided by parents, relatives, friends, or social agencies. In some instances these persons or agencies are either unable or unwilling to furnish transportation. *Transportation problems can easily be the greatest single deterrent in making recreation programs available for the severely handicapped.*

Nonambulatory patrons frequently require specialized transportation vehicles adapted for wheelchairs and carts. Such vehicles need ramps, wide doors, and hydraulic lifts. Drivers serving the handicapped need special abilities, aptitudes, and understandings.

All of this means that the initial cost of transportation units, as well as ongoing operating costs, are frequently higher than costs of regular school bus operation. The transportation problem may also be compounded if parents are expected to pay or to help pay the costs of such transportation when they may already be bearing substantial medical costs. Routing of transportation poses a problem for the carriers.

Costs of transportation for recreation activity purposes may be met through a combination of tax-supported funds, fees, grants, and gifts. Sometimes volunteer agencies, such as the Red Cross, provide vehicles and drivers to help "bridge the gap." Efficiency is increased when parents have a clear understanding of their responsibility in having children ready at bus pick-up time. Recruiting parents to volunteer their time and money should also be considered.

The Informational Brochure

One of the most essential aids to a program is an effective, inexpensive, mimeographed or offset-printed brochure that can interpret the program to parents of handicapped children. Such a brochure should also be available to agencies and other interested individuals. A back-to-back, two-page mimeo or offset brochure with an attractive sketch is suggested. Such a brochure should provide the following information:

- Day of the week and duration of the program (morning, afternoon, or evening).
- The types of handicapped children being served.
- Location of the facility including the specific address and telephone number.
- Brief, direct information to parents indicating which agency conducts the program; how it is funded; how a parent can enroll a child; and the name, address, and phone number of an individual to be contacted for further information.
- A statement about the program, to include: *what it is* (i.e., kinds of activities, competency of leadership, and adaptive explanation); *when it is conducted* (length of season, specific hours); *where it is conducted* (location of facility, serving children from what areas of the city, how to get to the facility, what driveways to use, doors to use, parking areas available, and whether or not a facility is provided for parents or others waiting for patrons).
- A specific section devoted to transportation. Are parents expected to furnish transportation? If not, specific instructions regarding: 1) bonded

carrier's name, address, phone number, and fee (if any) for nonambulatory or ambulatory; 2) other provisions for transportation and method of determining which children will use this transportation; and 3) information regarding the child who is confined to a wheelchair.

- A statement of how applicants are accepted for transportation, including: 1) bus space available; 2) location of residences and need to establish reasonable travel routes; and 3) importance of and proper method to follow in canceling transportation. Include specific names and phone numbers to be used.
- Fees (if any) for special purposes, such as arts and craft supplies, food costs, dues, admissions, and enrollment.
- Medical requirements, such as parent's responsibility for contacting doctor to confirm child's participation and limitations to be imposed. Also limitations imposed by teachers, therapists, etc.
- Staff, including names, training, and experience. Indicate what other persons will assist in consulting, leadership, and attendant capacities.
- Calendar of operation, indicating month and dates that activities will be conducted.
- Refreshments, including a description of what is served, how it is served, and how parents or others can help provide refreshments or assist with serving.

The Enrollment Form

Year or Season of Enrollment _____
Location of the Program _____
Note: Indicate whether or not parents will be notified about enrollment acceptance.

Child's Name _____
Age _____ Birthday _____
Address _____ City _____ Zip _____
Phone number _____
School and grade attended _____
Name and address of doctor giving permission for child to participate _____
_____
Medical or other limitations _____
Medication information and instructions _____
_____

Checklist regarding:
- ☐ Transportation needs;
- ☐ Fees (if any);
- ☐ Financial assistance (if any needed);
- ☐ Emergency phone numbers.

Name of parent or guardian (signature) _____
_____
Address of parent or guardian _____
_____
Telephone number of parent or guardian _____

A supplemental handy reference card and a more detailed optional enrollment form, as displayed in appendix 2, should be kept on file for each child.

Performance Skill Checklist

The performance checklist is also included in the patron folder. Such a checklist indicates individual improvement and should be filled out on a regular basis either annually, at six-month intervals, or however often is required according to the kind of handicap involved. Additional comments should be made where a more in-depth evaluation is necessary. If staff changes take place, the performance checklist provides an ongoing guideline and makes for more effective staff-patron relationships. A sample of this checklist is found in appendix 4.

ADAPTIVE ACTIVITIES

The basic premise of adaptive activities is that all activities which contribute to the positive development of the whole individual are suitable for the handicapped. Although proper application of activities is accomplished by many members of the team, *adaptive* application becomes the special stock-in-trade of the recreator concerned with the handicapped.

Activities range from physical, cultural, mental, and social to those that contribute to the positive self-image of the participant. They must be satisfying, enjoyable (fun), and freely chosen. The latter does not preclude the valuable stimulation and avocational guidance that must come from the recreator and other members of the team. Activities must be varied, balanced, highly satisfying, and extremely flexible. The recreator must also ascertain whether or not the activity 1) offers the opportunity for success to assure completion of a challenging developmental task; 2) is suitable to the handicap, individual, group, or developmental level; 3) is feasible considering limitations of budget, staff, facilities, equipment, and supplies; 4) is physically and morally safe for the participant; 5) requires action on the part of the patron; 6) provides for social interaction; and 7) promotes a positive self-image. It should be remembered, too, that the same criteria are applicable to the recreator planning activities for "normal" children.

Activities should not be thought of as mutually exclusive but, rather, should be correlated and integrated. One example would be a craft project, such as making costumes for a Christmas program in which everyone can participate.

Handicapped children, like all children, not only *learn* by doing, but also *enjoy* doing. Watching, reading, writing, sitting, listening, and meditating have their place, but a leadership-guided recreation activity program must be a living, doing, action "thing." Seriously physically handicapped children have indicated a preference for physical activities over other possible choices. ***Wherever possible, patrons should be integrated with those participating in "normal" programs.*** Sheltered programs may be needed but not at the exclusion of other kinds of programs.

Physical Activities

This group of activities is concerned primarily with improving mobility and manual competency, and one hopes, with the ultimate development of skills. Although emphasis may be upon motor competence, exciting developments in perceptual motor activities indicate that children also improve intellectually or in language competencies through such pursuits. This was indicated by a study reported in the *Therapeutic Recreation Journal*, Volume VI, No. 4, Fourth Quarter 1972, "Learning Games are Pathways to Cognizance for Young Handicapped Children in Therapeutic Recreation" by Martin and Ovans. Recreators will also be among the first to recognize that participation in physical activities provides an important base for social interaction, as well as a reference point for development of a healthy self-image.

Physical activities include team, dual, and individual sports, low organized games, aquatics, basic movements, motor sequences, physical fitness activities, races and relays, stunts, tumbling, apparatus, and combatives. Activities may, in some instances, be seasonal. Recent emphasis on outdoor recreation, education, and camping, including those in the area of winter sports, have changed in traditional concepts of recreation activities. There are any number of excellent listings of activities within the broad area of physical activities. Nearly all activities are adaptable. Recreators may wish to organize the activities in any number of different ways. One simple method, frequently used, organizes them in this manner:

Physical Activities (Adaptive)

Games: Low organized (cards);
Preschool: Cat and Rat, Squirrel in Trees;
Primary: Beater Goes Round;
Elementary: Two-Deep Elbow Tag;
Preteen: Stride Ball;
Teen: Winkums; and
Adult: Dodge Ball.

Special olympic activities provide an excellent opportunity for adaptive programming. The J. P. Kennedy Foundation fitness tests provide an excellent resource.

Aquatic Activities

One of the finest physical activities for all handicapped is swimming and water play. For communities that are able to begin with only a single program for the handicapped, a swimming program is highly recommended. In terms of a multisensory approach, emphasis on physical activity, and potential gains in the five competencies, the author ranks aquatics as the best of all physical activities.

The following program of aquatics is suggested for use on a weekly or a daily basis:

Morning Period

Program 1: mentally retarded, trainable;
Program 2: mentally retarded, trainable;
Program 3: emotionally disturbed;
Class 1: instructions for mentally retarded;
Parent-child swim: mentally retarded.

Afternoon Period

Program 1: physically handicapped;
Program 2: physically handicapped;
Program 3: educable, retarded;
Class 2: instructions for physically handicapped
Parent-child swim: physically handicapped.

A typical class would be conducted during a minimum one-and-one-half-hour time period as follows:

1. Class 1 enters locker room and changes into swimming attire.
2. Class 1 showers and is given instructions and rules.
3. Class 1 swims.
4. Class 1 dresses after second shower (brief).
5. Class 2 enters, etc.

It is usually necessary to assist children with dressing and undressing, and capable personnel should be assigned for this purpose. Physically handicapped children often crawl from the dressing rooms to the shower, to the pool, and back to the shower and dressing areas, not only to prevent falls on the slippery deck surfaces, but to gain mobility, as well. The shower is helpful as a quick bath and also to accustom the children to the water temperature. An effort should be made to keep the pool water at 80 degrees Fahrenheit.

Before swimming the class should review important rules. When the children leave the shower area, certain staff members should be assigned to help. As a general rule, there should not be more than a three to one patron/leader ratio for aquatics. Often the ratio must be one to one. All children like to have fun and the recreational swim class can provide many joyous experiences—playing with balls, paddle boards, and rubber rings, or joining other children in water games. Recreational swim and water play activities are also educational when coordinated effectively. The following are examples of recreation activities used to teach skills essential to swimming:

1. Bubble blowing—motor boat race;
2. Holding breath—diving for rings;
3. Opening eyes—finger counting;
4. Balance—walking through water;
5. Front float—log or dead man art;
6. Arm motion—running race;
7. Kicking—paddle board or boat races;

8. Combined stroke—swim race;
9. Treading—deep water dodge ball;
10. Bobbing—ring recovery in deep water; and
11. Complete swim skills—tag in deep or shallow waters.

Activities should be adapted to shallow water for nonswimmers. Any approach that discourages any individual should be dropped immediately, and staff should try to encourage fun in some other way.

The purely instructional class, while following the same procedure as a recreational class, is formalized. Children are grouped according to potential, and emphasis is on skill and technique. Most teaching problems can be resolved through daily evaluation and staff discussions of patrons, methods, and activities.

The parent-child swim activity is an interesting program addition. Here, as parents swim or engage in purposeful water play, they are able to determine their child's abilities and learn "pointers" to help him. With the growth in the number of home pools in use, this phase of the program shows great promise when accompanied by thorough instruction in safety and skills. Red Cross instructional programs and proper certification for staff are also highly desirable. A swimming activity record sheet is provided in appendix 5.

Cultural Activities

Cultural activities also contribute to mobility and manual competence, particularly in dance and dramatics. The broad areas of cultural activities are arts and crafts, dramatics, music, rhythmics, and dance. A similar organization of activities or games suited to the various classifications as indicated for physical activities is suggested. Some specific examples of activities include finger painting, tie or scarf dyeing, string painting, clay modeling, scrap-wood glue sculpturing, role playing, puppetry, rhythm bands, singing games, folk dancing, and square dancing.

Mental Activities

This group, known as communications skills activities, includes table games, puzzles, reading, visual (television, movies, slides, spectator events), audio (radio, conversation), speaking, writing, numbers, and verbalization. Examples of highly successfully adapted games include play tiles, Play Dough, large checkers and chess, Old Maids, and table hockey.

Social Activities

This broad area cuts across physical, cultural, and mental activities and emphasizes the *group* process. It is concerned not only with social interaction, but also with planning, sharing responsibilities and duties, getting along, developing acceptable social skills and habits, and developing a sense of belonging; it provides the basis for a host of service-oriented activities. Examples are special events (dances, parties, etc.), formal clubs and informal groups, food-centered activities, field trips, hobby and collection activities, songfests, and community services.

Outdoor Education and Camping

Serenity and the beauty of the wilderness can do wonders for handicapped children who may find sufficient inspiration, appreciation, and excitement of discovery to last a lifetime.

All the kinds of activities described—physical, mental, cultural, and social—are easily adapted to and enhanced in an outdoor setting. Travel, boating, horseback riding, nature study, gardening, skating, skiing, snowmobiling, campfire cookery, tenting, bird watching, and nature trail exploring all provide adventuresome encounters with wilderness.

We see, then, five broad areas that encompass literally thousands of activities that can contribute in a significant way to the development of the whole child.

Avocational Counseling

No well-established pattern of professional practice in community recreation exists for aiding the handicapped to make avocational choices comparable to those developed in the vocational counseling field for making occupational choices. Patrons frequently need counseling in resolving internal conflicts and anxieties that prevent them from identifying and selecting the avocational activity most meaningful to them. The selection of an avocational activity must take into account the patron's ability, interest, current level of functioning, estimated maximum potential, and emotional readiness, while allowing freedom of choice. The counselor first considers the interests, aptitudes, and needs of the patron in relation to activity availability and then recommends and follows up on a program.

The three important elements of the model include: 1) an interest finder instrument to assist in determining avocational preferences or interests that are tied to available resources in the community; 2) an activity file (8" by 11" file coded to the classification system) that systematically classifies all current avocational activity and adds activities as new ones emerge (The file classification has a coding similar to ones used for vocational classification.); and 3) a file of 5" by 8" cards bearing detailed information about the activity (e.g., where it is available, any charges, supplies needed, etc.). The model is a tool used in self-realization.

One might expect that the ultimate use of the avocational activities inventory and the counseling approach described may enable the patron to choose desired activities with greater precision. Other influences with regard to the decision-making process are parents, educators, social workers, physicians, therapists, the recreator, and, of course, the patron.

FACILITIES, EQUIPMENT, AND SUPPLIES

The community itself is highly adaptable to the needs of handicapped people. While a realistic consideration of architectural and natural barriers must be made, there has been a growing concern to change these limiting conditions. For example, specialized orthopedic schools can be utilized for therapeutic recreation programs. Conflicts in facility sharing may

be minimized through mutual recognition by multiple users that they share common aims of service.

While buildings not specially designed for the handicapped may have suitable interior corridors and rooms, entrance stairways often constitute a barrier. Such entrances may be modified through permanent or portable ramp construction.

Orthopedically oriented buildings usually have loading and parking areas to a building entry on the same level. In most instances, ramps, rather than stairs, provide a convenient entrance on another level. If possible, the loading area for patrons should be sheltered with a roof.

Schools or other buildings having a gymnasium, multipurpose rooms, classrooms, boys' and girls' lavatories, and a kitchen cafeteria all on one level are well suited to activities for the physically and multiply handicapped. A swimming pool on the same level would, of course, be a bonus. Since recent school construction has moved in the direction of single-level buildings, adapted facilities are increasingly available. Helper rails and other interior modifications can usually be added to make buildings that are geared to the "normal" child quite suitable for the handicapped as well.

Building-centered programs are highly flexible and permit a wide range of activity. Constructing a one-level building with a gym and pool plus an outdoor play area, which is surfaced with both turf and asphalt and equipped with creative, colorful, and imaginative play equipment, provides an unusually flexible facility for the physically and multiply handicapped. Such a facility would be equally well suited to the mentally retarded and emotionally disturbed.

Multilevel buildings with conventional facilities also lend themselves to recreation programming for these groups. Perimeter barriers are extremely helpful in programming with the retarded and disturbed. Perimeter barriers take the form of conveniently lockable doors, room separators, folding or permanent gates, fencing, or landscaping barricades. The facility, indoors or outdoors, should always lend itself to effective control.

Swimming pools with ramp entrances to the water and a shallow-end depth of two feet or less are particularly adaptable to programs for the handicapped. In some of the best swim facilities for the handicapped the shallow end runs the full length of the pool rather than the full width as is generally true in conventional pool construction. Indoor or indoor/outdoor pools have a greater usability factor in the colder climates. A performing stage, again easily accessible by ramps, is also useful.

Equipment is considered to be those items used in the program which are not easily expendable. The budget permitting, equipment includes such items as pianos; public address systems; motion picture, slide, and opaque projectors; record players; sports equipment; playground apparatus; and standards for basketball, baseball, softball, volleyball, and other sports. Table tennis, shuffleboard, and billiard tables are quite usable, as are movable tables, benches, and chairs. Other desirable equipment includes a trampoline, balance beam, and other gymnastic devices, particularly those that provide measurement for self-testing. Equipment pertinent to arts, crafts, music, drama, and social events is also important.

Activity *supplies* are items that are considered to be expendable. Sports supplies are illustrative: bats, balls, rackets, wood pins, sportballs, beaters, and hockey sticks.

Arts and crafts supplies cover a wide variety of media, such as paints, chalk, crayons, clay, leather, wire, string, yarns, rope, and textiles of varying texture. Craft kits can be helpful, but care should be exercised to assure that kits are designed for assembly by participants rather than by leaders. For the arts and crafts, the concept that "rubbish is only matter out of place" makes commonplace supplies quite usable if proper adaptive ingenuity is employed.

Music, drama, dance, and other cultural arts play an important role in programming. Simple rhythmic instruments—percussion, string, and wind—are easily handled and can provide hours of learning and enjoyment.

Refreshments and food service play an important role in a multisensory approach. Paper and plastic goods, such as cups, plates, drinking straws, tablecloths, and other utensils, should become part of the supply list. Regular dinner service is a good opportunity for instruction in proper table manners.

Supplies to take care of toilet accidents and other emergencies are part of the stock-in-trade of the recreator working with the handicapped. Portable male and female urinals and other personal hygiene supplies are essential to the first aid kit.

Games provide the backbone of those activities aimed at developing manual and language competence. Game-related supplies are the most frequently used in recreation programs for the handicapped. Some can be purchased without modification; others will require special adaption; still others will need to be custom-made. Giant-sized checkers and chess pieces, for example, are easily handled by those having functional disabilities that would otherwise limit their ability to play.

Other supplies essential to the program include those used in office work, promotional work, and various test forms. An example of test forms is the Joseph P. Kennedy, Jr., Foundation Physical Fitness Test forms with accompanying awards.

EVALUATION OF THE PROGRAM

Evaluation should always move toward development of increasingly valid, reliable instruments and measurements. What applicable standardized tests should be used? First, of course, is the question, "What are we seeking to find out?" Following are samples of various types of simple instruments used in evaluating a community recreation program for the handicapped. Both quantitative and qualitative data are needed.

Determining How Effectively the Handicapped Are Integrated into Normal Programs

Question: How are our regularly operated (normal) programs serving the handicapped (for example, summer playgrounds)?

Technique: Survey playleaders in charge of a playground by questionnaire. (It should be remembered that leaders may or may not have the experience to expertly diagnose handicaps accurately; therefore, the results of such surveys must be considered only as estimates.)

Participation of the Handicapped in Regularly Operated Programs as Estimated by Playleaders

Disability	Estimated Number of Boys	Girls	Total
Mentally retarded			
Hearing defects			
Visually handicapped			
Speech defects			
Seriously emotionally disturbed			
Crippled			
Total			

Determining the Attendance in a Sheltered Program (Quantitative Analysis)

Question: How many handicapped are enrolled in the sheltered program, and what is the frequency of their attendance?

Technique: Analyze enrollment and daily records of attendance.

Enrollment and Frequency of Attendance in Sheltered Programs

	Number Enrolled			Frequency of Attendance		
Disability	Boys	Girls	Total	0–4	5–9	10–14
Mentally retarded						
Hearing defects						
Visually handicapped						
Speech defects						
Emotionally disturbed						
Crippled						
Total						

Other quantitative data could include such statistics as: total attendance in various activities and on facilities and costs of the program, e.g., total costs, costs per participant.

Qualitative evaluation data related to program analysis should involve patrons, staff, and parents

A simple but effective method of gathering data from handicapped pa-

trons is the "smiling faces questionnaire." An example of this questionnaire and some sample questions follow.

Patron Evaluation

Put a check mark under the face that best describes you when you think about these questions. Here are some examples:

1. Kool-Aid and Cookies

2. Coming to the Playground Center Here Each Day

3. The Bus Ride to and from the Playground Center Each Day

Staff Evaluation of the Recreation Program for Handicapped Children

Location _____

1. How do you rate the facilities provided?
   Outstanding Excellent Satisfactory Fair Poor

2. How do you rate the materials provided?
   Outstanding Excellent Satisfactory Fair Poor

3. The five main objectives or goals of this project might be summarized as follows:
   A. Competing improvement in *mobility*
   B. Competing improvement in *manual dexterity*
   C. Competing improvement in *language*
   D. Competing improvement in *socialization*
   E. Competing improvement of child's *self-image*

   Please consider the degree to which each of these objectives is being met as a result of the activities of this program. Please *rank* all five objectives below:
   a. The objective that has been met best is:
   b. The objective that has been met second best is:
   c. The objective that has been met third best is:
   d. The objective that has been met least is:

4. How would you rate the contribution made by the high school aides (or volunteers) to the program:
   Outstanding Excellent Satisfactory Fair Poor

5. In your opinion, what was the most successful activity in the program?

6. In your opinion, what was the least successful activity in the program?

7. In your opinion, what did the children like most about the program?

8. In your opinion, what did the children like least about the program?

9. Is the program strenuous enough for the children?

   Too Strenuous Just Right Not Active Enough

10. What suggestion do you have to improve the program?

11. Do you see a need for more or less staff training? If more, how would this best be accomplished? Please comment:

Parent Evaluation

Dear Parent:

The _____ conducted a recreation program for handicapped children. Would you please help us by giving your reactions to this program?

Please check: My boy ____ girl ____ attended the program at the _____ school, center, playground.
location

1. In your opinion, how does this program rate overall?

   Outstanding Excellent Satisfactory Fair Poor

2. In your opinion, how would your child rate the program?

   Outstanding Excellent Satisfactory Fair Poor

3. Why did you enroll your child in this program?

4. To what degree has the program been able to fulfill your expectations?

   Outstanding Excellent Satisfactory Fair Poor

5. Has the transportation to and from the playground been satisfactory?
   Yes ____ No ____
   If not, why?

6. Have you as a parent had sufficient communication about the program?
   Yes ____ No ____
   If not, what more could have been done?

7. In your opinion, what is the most successful part of this program?

8. In your opinion, what is the least successful part of this program?

9. How would you rate the value that you received from the Parent's Program?

   Outstanding Excellent Satisfactory Fair Poor

10. Is it beneficial to you to have your child take his lunch each day?
    Yes ____ No ____
    If not, why?

11. Is the time of the program too long ____, just right ____, too short ____ each day?

12. Is the program too strenuous ____, just right ____, not active enough ____ for your child?

13. Has your child made new friends in the program?
    Yes ____ No ____

14. Do you feel that the field trips were beneficial to your child?
    Yes ____ No ____
    If not, why not?

15. If this program is offered again, will you enroll your child?
    Yes ____ No ____
    If not, why not?

Additional Comments:

CONCLUSION

If public park and recreation departments are to fulfill their stated objectives to help meet the recreational needs of all, they must include the ever-increasing number of handicapped seeking such service. The future challenge to community recreation programs for the handicapped is to plan, set goals, implement, innovate, provide developmental activity for preschoolers and the severely disabled, develop avocational counseling programs, and exercise a community leadership role in establishing programs for the handicapped.

RESOURCES

For current literature refer to the 1972–1973 publications in *Physical Education, Health Education, Men's Athletics, Recreation, Dance, School Nursing, Safety, Outdoor Education, and Fitness and Girls' and Women's Sports*, published by the American Association for Health, Physical Education, and Recreation, 1201 16th Street, N.W., Washington, D.C. 20036.

Refer to *Books on Parks, Recreation, and Leisure 1973*, 16th annual edition, published by the National Recreation and Park Association, 1601 North Kent Street, Arlington, Virginia 22209.

Other sources of assistance include the *Information and Research Utilization Center in Physical Education and Recreation for the Handicapped.* The purpose of this center is to collect, categorize, evaluate, interpret, and disseminate information about materials, methods, ongoing programs, promising practices, research, and demonstration in adapted physical education and in therapeutic recreation. Address inquiries to Director, Information and Research Utilization Center in Physical Education and Recreation for the Handicapped, c/o American Association for Health, Physical Education, and Recreation, Unit on Programs for the Handicapped, 1201 16th Street, N.W., Washington, D.C. 20036.

APPENDIX 1

Supplemental Handy Reference Card

This card is used at handicap centers to help staff in grouping.

INFORMATION CARD

Name _____
Parents' names _____
Address _____
Telephone _____ Date of Birth _____
Emergency contact _____
Special instruction _____

(over)

Disability _____
Restrictions _____
Limitations _____
Food _____
Mobility _____
Comments _____
_____
_____
_____

APPENDIX 2

Enrollment Form

To: Parent or Guardian

Child's name _____
Birth date _____
Age _____
Handicap _____

Place snapshot of your child here (optional).

Parent or Guardian

Name _____
Work address _____
Work phone number _____
Home address _____
Home phone number _____

Physical Limitations (please mark YES or NO and explain)
A. Does your child have a heart condition?

1. Does he/she need to be reminded to rest often?
2. What are his/her limitations?

B. Does he/she have seizures?
1. What are the early warning signs of an approaching seizure, if any?
2. What type of care does he/she usually need during and after the seizure?

C. Is he/she diabetic?
1. What restrictions does he/she have on diet? (Is he/she allowed to eat cookies and to drink soda at the recreation program?)
2. Does he/she take his/her own medication?

Emergency (We *must* be able to reach parents, guardians, or relatives in cases of emergency. Who can we call on Saturday if you are not at the phone number indicated? Alternative contact in case of emergency:

Name _____ Address _____

Phone number _____

What is the name and phone number of your doctor?

Name _____ Phone number _____

Helpful Hints

A. Is he/she sensitive to loud noises?
1. What kind?

B. Can he/she feed himself/herself cookies and soda?
1. If not, what help does he/she need?
2. What could we do to make feeding easier?

C. Does he/she need assistance in the bathroom?
1. Describe the help he/she needs (handrail, someone to lift him, etc.)

D. Describe any communication technique he/she uses (blinking eyes to mean "yes"; sign meaning "I'm tired" or "I'm hot"; etc.).

E. What are his/her outside interests? Sports and hobbies that we could discuss with him/her.

F. Other hints that might be helpful to us:

Suggestions for the Staff

A. What can we offer with our current program that your child might find enjoyable?

Other Suggestions

A. Any other suggestions or comments you feel might be helpful to us in planning a meaningful program for your child would be appreciated.
What are your goals for your child?
Any special problems?

APPENDIX 3

Performance Scale To Be Used in Competency Checklist Scoring

1. Zero incidence of desired end behavior (behavior never occurs).
2. Rare or occasional incidence of an approximation of the desired end behavior (approximation of behavior occasionally occurs).

3. Occasional incidence of the desired end behavior (desired behavior occasionally occurs).
4. Desired end behavior occurs with moderate frequency so that it is clearly established that the behavior is a definite component of the child's behavior (desired behavior frequently occurs).
5. End behavior consistently occurs approximately (desired behavior always occurs).

Note: Checklist may be developed to assist in assessing attitudes, appreciations, understandings, and skills.

APPENDIX 4

Competency Checklist

Name _____ Date: Pretest _____
Posttest _____

Pretest	*Posttest*	*Mobility*
_____	_____	Controlled movement in group activity—stop, starting, jumping
_____	_____	Skilled runner—uses cross pattern
_____	_____	Alternately hops from one foot to the other one
_____	_____	Balances on one foot, eyes closed
_____	_____	Jumps from standing position, feet together, and lands on both feet
_____	_____	Hops forward on one foot
_____	_____	Balances on preferred foot, eyes open
_____	_____	Jumps over obstacle
_____	_____	Walks alone
_____	_____	Stands alone
_____	_____	Ambulatory
_____	_____	Total
		Manual Ball Skills (12-inch softball—soft)
_____	_____	Throwing: throws, stepping with foot opposite throwing arm, with proper weight shift
_____	_____	Catching: consistently catches ball using two hands
_____	_____	Hitting: able to consistently hit pitched ball with bat (using playground sport ball)
_____	_____	Throwing: throws, stepping with foot opposite throwing arm, with proper weight shift (15–20 feet)
_____	_____	Catching: consistently catches ball thrown directly (without bounce)
_____	_____	Hitting
_____	_____	With bat
_____	_____	With hand
_____	_____	With feet
_____	_____	Catches a playground sport ball bounced to him
_____	_____	Throws a ball
_____	_____	Kicks or hits a ball

_____	_____	Catches and throws playground ball that is swinging from rope
_____	_____	Touches or hits ball that is swinging from rope
_____	_____	Stops rolling ball with feet or with hands
_____	_____	Rolls ball on floor
_____	_____	Grasps ball
_____	_____	Watches moving ball—rolled, tossed, kicked
_____	_____	Total

Manual Dexterity

_____	_____	Models recognizable forms in clay
_____	_____	Prints name
_____	_____	Ability to draw
_____	_____	Coloring
_____	_____	Scribbling
_____	_____	Some form either within lines or free
_____	_____	Recognizable figures
_____	_____	Painting
_____	_____	Draws recognizable face
_____	_____	Cutting with scissors
_____	_____	Snipping
_____	_____	Cutting on a line
_____	_____	Cutting a shape
_____	_____	Free cutting
_____	_____	Pasting
_____	_____	Pasting object
_____	_____	Target paste or simple shapes
_____	_____	Stringing large beads
_____	_____	Puts circles, squares, triangles in form board
_____	_____	Imitates vertical and then horizontal line
_____	_____	Builds tower of three blocks
_____	_____	Marks with pencil or crayon held in fist (might scribble)
_____	_____	Total

Language

_____	_____	Communicates ideas meaningfully
_____	_____	Reads with understanding
_____	_____	Listens and retains what he hears
_____	_____	Enjoys dramatic plays
_____	_____	Enjoys table games
_____	_____	Can count to 100 by 1s and by 10s
_____	_____	Able to recall a story or a song
_____	_____	Knows basic colors
_____	_____	Knows primary colors
_____	_____	Enjoys listening to stories
_____	_____	Ability to recognize written names and signs
_____	_____	Knows own sex
_____	_____	Can count from 1 to 10
_____	_____	Recognizes his spoken name
_____	_____	Knows meaning of "yes" and "no"
_____	_____	Verbalizes his needs
_____	_____	Total

Social Interaction

_____	_____	Exercises self-control
_____	_____	Forms close personal friendships
_____	_____	Plays organized group games
_____	_____	Strives for social acceptance
_____	_____	Associative group play
_____	_____	Gets along well with other children
_____	_____	Plays well with one playmate
_____	_____	Shows cooperation
_____	_____	Postpones gratification for later reward
_____	_____	Some parallel play
_____	_____	Plays by himself
_____	_____	Socially responsible to adults and to other children
_____	_____	Onlooker or plays alone
_____	_____	Plays with one child
_____	_____	Plays with two children
_____	_____	Plays with more than two children
_____	_____	Unprovoked aggressiveness
_____	_____	Friendly or affectionate
_____	_____	Toward child
_____	_____	Toward adult
_____	_____	Cries, whines
_____	_____	Smiles, laughs
_____	_____	Seeks help, attention
_____	_____	From child
_____	_____	From adult
_____	_____	Offers help, attention
_____	_____	To child
_____	_____	To adult
_____	_____	Rejects help, attention
_____	_____	From child
_____	_____	From adult
_____	_____	Hands at face
_____	_____	Other self-conscious habits
_____	_____	Talking with children
_____	_____	Asks questions
_____	_____	Makes commands
_____	_____	General talk
_____	_____	Responds to commands
_____	_____	Responds to questions
_____	_____	Responds to general talk
_____	_____	Talking with adults
_____	_____	Makes commands
_____	_____	Asks questions
_____	_____	General talk
_____	_____	Responds to commands/instructions
_____	_____	Responds to general talk
_____	_____	Responds to questions
_____	_____	Total

Self-Image

_____	_____	Shows perseverance despite failure

_____	_____	Identifies right and left while facing other people
_____	_____	Shows self-confidence
_____	_____	Makes accurate judgments of self
_____	_____	Understands concepts in relation to self
_____	_____	Shows self-motivation
_____	_____	Understands body planes (front, back, side, etc.)
_____	_____	Shows appropriate emotional responses
_____	_____	Identifies body parts
_____	_____	Head
_____	_____	Feet
_____	_____	Arms
_____	_____	Hands
_____	_____	Fingers
_____	_____	Toes
_____	_____	Face
_____	_____	Knees
_____	_____	Total

Grand Total Score

_____	_____	Mobility
_____	_____	Manual Ball Skills
_____	_____	Manual Dexterity
_____	_____	Language Competency
_____	_____	Social Interaction
_____	_____	Self-Image
_____	_____	Total Score

APPENDIX 5

*Competency Checklist on Swimming Activity**

Name _____ Date _____

Preswim Activities

_____ Undresses self
_____ Shirt or dress
_____ Pants
_____ Socks
_____ Shoes
_____ Puts on suit
_____ Showers

Swim Activities

_____ Entrance into the water
_____ Down the steps
_____ Over the side
_____ Adjustment to the water
_____ Walks in water

_____ Washes face
_____ Places face in water
_____ Holds breath
_____ Blows bubbles
_____ Retrieves ring
_____ Sits on bottom
_____ Turtle floats
_____ Front floats

_____ Prone swimming
_____ Floats prone without aid
_____ Kicks at side of pool
_____ Kicks at side of pool, face in water
_____ Glides
_____ Glides with kick
_____ Flutter kick and front crawl arms
_____ Rhythmic breathing at side of pool
_____ Complete front crawl

_____ Supine swimming
_____ Walks backward
_____ Back floats
_____ Glides
_____ Kick glide
_____ Elementary back arms
_____ Elementary back legs
_____ Complete elementary back

_____ Deep water adjustment
_____ Hangs at side
_____ Bobbing
_____ Walks ladder to bottom and up
_____ Walks ladder to bottom and kick up
_____ Treading
_____ 20-yard swim front crawl
_____ 20-yard swim on back
_____ Jumps in
_____ Sitting dive
_____ Kneeling dive
_____ Standing dive

_____ Advanced skills (20-yard stroke swim)
_____ Scissors kick
_____ Side stroke arms
_____ Complete side stroke
_____ Prone frog kick
_____ Breast stroke arms
_____ Complete breast stroke
_____ Back crawl arms
_____ Complete back crawl
_____ Surface dive
_____ Underwater swim

_____ Survival Swimming
_____ Extension rescue
_____ Disrobing
_____ Clothing flotation

Postswim Activities

_____ Leaves Pool
_____ Up the ladder
_____ Over the side
_____ Showers self
_____ Dresses self
- _____ Shirt
- _____ Pants
- _____ Socks
- _____ Shoes on
- _____ Shoes tied